

Commonwealth of Virginia  
Department of Professional and Occupational Regulation  
9960 Mayland Drive, Suite 400  
Richmond, Virginia 23233  
(804) 367-0186



**Boxing & Wrestling  
TRAINER, CUT MAN, SECOND LICENSE APPLICATION**

**\$40.00**

**A check or money order payable to the TREASURER OF VIRGINIA, or  
a completed credit card insert must be mailed with your application package.  
APPLICATION FEES ARE NOT REFUNDABLE.**

1. Name \_\_\_\_\_  
First Middle Last Generation  
(SR, JR, III, etc.)

2. Social Security Number \*    -   -

3. Date of Birth \_\_\_\_\_

4. Street Address (PO Box not accepted) \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_

5. E-mail Address \_\_\_\_\_

6. Telephone & Facsimile Numbers ( ) - ( ) - ( ) -  
Telephone Facsimile Beeper/Cellular

7. Do you have a current or expired Virginia boxing or wrestling license?  
No ☐  
Yes ☐ Virginia License Number 4 1 Expiration Date \_\_\_\_\_  
Virginia License Number 4 1 Expiration Date \_\_\_\_\_

8. Do you have a current or expired boxing/wrestling license, certificate, or registration from another jurisdiction?  
No ☐  
Yes ☐ If yes, list all the licenses, certificates, and registrations in the following table.

State/Jurisdiction	License, Certificate, Registration No.	Expiration Date

9. Has any (including Virginia) local, state or national regulatory body ever taken a disciplinary action against you in connection with your participation in, or promotion of, a professional athletic contest or activity?  
No ☐  
Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

OFFICE USE ONLY	DATE	FEE	CLASS OF FEE	LICENSE NUMBER	ISSUE DATE
				41	

10. Have you been convicted or found guilty regardless of adjudication or deferred adjudication, of any felony or misdemeanor? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐ If yes, list the felony and/or misdemeanor conviction(s). Attach your original criminal history record and any other information you wish to have considered with this application (i.e., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation; etc.). If necessary, you may attach a separate sheet of paper.

*Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Midlothian, Virginia 23261-7472.*

11. Have you ever been convicted or found guilty of any charge of material misrepresentation while engaged in boxing, wrestling or other athletic activities?

No ☐

Yes ☐ If yes, please attach a record of conviction, authenticated in such form as to be admissible as evidence under the laws of the jurisdiction where convicted.

12. Are you applying for a Virginia Boxing and Wrestling **Matchmaker** License?

No ☐

Yes ☐ If yes, do you certify that you do not employ or otherwise have a financial interest in, or commercial connection with any wrestler, boxer, manager, trainer, or second except that which may be necessary to arrange a wrestler's or boxer's participation in a specific event?

Yes ☐

No ☐ **If no, this application cannot be processed.**

13. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Department's decision to approve my application. I certify that I will notify the Department and its agent if I am subject to any disciplinary action; or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving my approval. I also certify that I understand, and have complied with, all the laws of Virginia related to boxing and wrestling under the provisions of Title 54.1, Chapter 8.1 of the *Code of Virginia* and the *Professional Boxing and Wrestling Regulations*.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

#### Required Documentation

I \_\_\_\_\_ certify \_\_\_\_\_

(Print Fighters Name Above)

(Print Applicants Name Above)

as my Trainer, Cut Man, Second and that he/she has knowledge of Treatment of Injuries, Physical Conditioning as it relates to Boxing/ Martial Arts, Health Care, First Aide, Nutrition, Boxing/Martial Arts Training, Effect of Alcohol as it relates to Boxing/Martial Arts, and the Wrapping of a fighters hands. I also certify I have not suppressed any information that might affect the Departments decision to issue a license to become a Trainer, Cut Man or Second to the above applicant.

Signature of Fighter: \_\_\_\_\_ Date: \_\_\_\_\_